

South Plainfield Soccer Association
Tryout Registration Form
Seasonal Year 2010-2011

Player Name: _____ Date of Birth: _____ (Bring Proof of Age)

Address: _____ Phone Number: _____

_____ e-mail address: _____

Age Group trying for: _____
(See table below to determine player's proper age group)

TRYOUT NUMBER: _____
(issued by South Plainfield Soccer Club)

Parent/Guardian's Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Relationship to player: _____

Age Group	Born between the dates listed below	
U-8	Aug 1 st 2002	July 31 st 2003
U-9	Aug 1 st 2001	July 31 st 2002
U-10	Aug 1 st 2000	July 31 st 2001
U-11	Aug 1 st 1999	July 31 st 2000
U-12	Aug 1 st 1998	July 31 st 1999
U-13	Aug 1 st 1997	July 31 st 1998
U-14	Aug 1 st 1996	July 31 st 1997

I understand that tryouts for the South Plainfield Soccer Association involve strenuous physical activity normally involved in playing the game of soccer. During such activity injuries can and do occur. I give my permission for my son or Daughter to take part in the try-outs and relieve the South Plainfield Soccer Club of liability of injury due to normal soccer activities.

Signature of Parent or Guardian: _____ Date: _____

Tryout Dates

May 10th, 2010 & May 12th, 2010 for U-8, U-9, U-10 & U-11

May 11th 2010 & May 13th 2010 for U-12, U-13 & U14

Registration is at 5:30pm

Tryouts are from 6pm to 8pm

Please Return this form by:

Mailing: Tryout Committee C/O South Plainfield Soccer Association P. O. Box 543 South Plainfield, NJ 07080